PTO/SB/17 (10-07) Approved for use through 06/30/2010, OMB 0651-0032

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless it displays a valid OMB control number Effective on 12/08/2004 Complete if Known Fees pursuant to the Consolidated Appropriations Act. 2005 (H.R. 4818). Application Number 10/810.764 FEE TRANSMITTAL Filing Date 03/26/2004 For FY 2008 First Named Inventor David J. Love Evaminer Name Jaison Joseph Applicant claims small entity status. See 37 CFR 1.27 Art Unit 2611 TOTAL AMOUNT OF PAYMENT 1.120.00 Attorney Docket No. TI-35144 METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order Other (please identify): ✓ Deposit Account Deposit Account Number: 20-0668 Deposit Account Name: Texas Instruments Inc. For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) ✓ Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments under 37 CFR 1.16 and 1.17 WARNING: information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES SEARCH FEES **EXAMINATION FEES** Small Entity **Small Entity** Small Entity Fees Paid (\$) Application Type Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Utility 310 155 510 255 210 105 Design 210 105 100 50 130 65 Plant 210 105 310 155 160 80 Reissue 310 155 510 255 620 310 Provisional 210 105 2. FXCESS CLAIM FEES Small Entity Fee (\$) Fee Description Fee (\$) 50 Each claim over 20 (including Reissues) 210 105 Each independent claim over 3 (including Reissues) 370 185 Multiple dependent claims Total Claims Extra Claims Fee (\$) Fee Paid (\$) Multiple Dependent Claims 22 - 20 or HP ≈ 2 × ____50 Fee (\$) Fee Paid (\$) HP = highest number of total claims paid for, if greater than 20. 310.00 Indep. Claims Extra Claims Fee (\$) Fee Paid (\$) - 3 or HP = 4_ 1___ 210 _ x HP = highest number of independent claims paid for, if greater than 3. 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Number of each additional 50 or fraction thereof Total Sheets Extra Sheets - 100 = __ (round up to a whole number) x 4. OTHER FEE(S) Fees Paid (\$) Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): RCE 810.00

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This collection of information is required by 37 CFR 1.186. The information is required to obtain or retain a benefit pix the public which is the fear of by the USFT to process an application. Confidentiality is governed by 36 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 miles to complete, including gathering, preparing, and submitting the completed application form to the USFT.O. Time will vary depending upon the individual case. Any common the amount of the governed to prompte this form andor suggestions for reducing this burden, should be sent to the Chef Information Officer. U.S. Patient and Trademark. Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22313-1450.